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APPLICANTS

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** CONTINUING DATA ***** KHS
 NO

** FOREIGN APPLICATIONS ***** KHS
 NO

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Method and apparatus for reporting unauthorized attempts to access nodes in a network computing system

FILING FEE RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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